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FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

DEFENDERS OF WILDLIFE ACTION FUND

(b) Address (number and street) ☐ check if different than previously reported

1130 17th St NW

(c) City, State and ZIP Code

WASHINGTON DC 20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C90007907

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

08/02/2008

through

09/15/2008

5. (a) Date of Public Distribution(s)

09/18/2008

(b) Communication Title

"Key"

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☒

No ☐

8. Custodian of Records

(a) Name

WILLIAM LUTZ

(b) Address (number and street)

1130 17th St NW

(c) City, State and ZIP Code

WASHINGTON DC 20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

DEFENDERS OF WILDLIFE ACTION FUND SENIOR DIRECTOR

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

36,828.55

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

WILLIAM LUTZ

SIGNATURE

William Lutz

DATE

09/19/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

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